# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

#### STATEMENT OF ECONOMIC INTERESTS

CEGISTA Date Received official Use Only

JAN 31 2011

FAIR POLITICAL PRACTICES COMMI**COVER PAGE** 

Please type or print in ink		PM 2: 52	
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Renison		John	Ray
. Office, Agency, o	r Court		
Agency Name			
County of Imperia	A	Supervisor District # 1	
Division, Board, Departr	ment, District, if applicable	Your Position	
$\mathcal{O}$	ISTRICT .	<del>//</del>	
-	ositions, list below or on an attachment		
Agency:		Position:	
. Jurisdiction of C	Office (Check at least one box)		
State	·	Judge (Statewide Jurisdiction)	
Multi-County		County of Imperial	
B. Type of Stateme	nt (Check at least one box)		
Annual: The perio 2010.	d covered is January 1, 2010, through	December 31, Leaving Office: Date Left/(Check one)	
The period cover 2010.	ered is, through [	December 31, O The period covered is January 1, 20 leaving office.	10, through the date of
★ Assuming Office:	Date 01 , 03 , 11	<ul><li>The period covered is/</li><li>of leaving office.</li></ul>	, through the date
Candidate: Election	on Year Office	e sought, if different than Part 1:	
. Schedule Summa	ary		
Check applicable sche	edules or "None."	► Total number of pages including this cover pag	je:
Schedule A-1 - Inv	estments - schedule attached	Schedule C - Income, Loans, & Business Pos	
<del></del>	estments - schedule attached	Schedule D - Income - Giffs - schedule attac	
Schedule B - Real	Property - schedule attached	Schedule E - Income - Gifts - Travel Paymer	
	•	-or-	
		portable interests on any schedule	

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

#### **SCHEDULE A-1 Investments**

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000  NATURE OF INVESTMENT  Stock Other  (Describe)  Partnership O Income Received of \$0 - \$499	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000  NATURE OF INVESTMENT  Stock Other (Describe)  Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:          /	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE  \$2,000 - \$10,000	FAIR MARKET VALUE  \$2,000 - \$10,000
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000  NATURE OF INVESTMENT  Stock Other (Describe)	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000  NATURE OF INVESTMENT  Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
Comments	•

#### SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

John Renison

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Name	Name
Address (Business Address Acceptable)  Check one  Trust, go to 2 Business Entity, complete the box, then go to 2	Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INVESTMENT Sole Proprietorship Partnership Other  YOUR BUSINESS POSITION	NATURE OF INVESTMENT Sole Proprietorship Partnership Other  YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME 10 THE ENTITY/TRUST)  So - \$499 Stor - \$10,000 OVER \$100,000	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)   \$0 - \$499  \$10,001 - \$100,000  \$500 - \$1,000  OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST  Check one box:	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST  Check one box;
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   10,001 - \$100,000   10,001 - \$1,000,000   ACQUIRED   DISPOSED   Over \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2010/2011) Sch. A-2

### **SCHEDULE B** Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name

John Renison

STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
CITY	CITY
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   / 10	FAIR MARKET VALUE   F APPLICABLE, LIST DATE:  \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greate interest, list the name of each tenant that is a single source income of \$10,000 or more.	
	nercial lending institutions made in the lender's regular course the public without regard to your official status. Personal loans turse of business must be disclosed as follows:  NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
John Renison

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED  \$500 - \$1,000 \$1,001 - \$10,000	GROSS INCOME RECEIVED
☐ \$10,001 - \$10,000 ☐ OVER \$100,000	\$500 - \$1,000 \$10,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	Other(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	OD
of a retail installment or credit card transaction, made	our official status. Personal loans and loans received
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	<u> </u>
<b>\$10,001 - \$100,000</b>	Guarantor
OVER \$100,000	Other(Describe)
	• •

#### SCHEDULE D Income - Gifts

CALIFORNIA FORM		
Name		
John Renison		

► NAME OF SOURCE		NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		ADDRESS (Business	s Address Acceptabl	le)
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
DATE (mm/dd/yy) VALUE DESCRI	PTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	II		\$	
			\$	
			\$	
► NAME OF SOURCE		► NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		ADDRESS (Business	s Address Acceptabl	e)
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY	Y, IF ANY, OF SOUR	RCE
DATE (mm/dd/yy) VALUE DESCRI	PTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
			\$	
			\$	
			\$	
NAME OF SOURCE		NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		ADDRESS (Business	Address Acceptabl	е)
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY	Y, IF ANY, OF SOUR	RCE
DATE (mm/dd/yy) VALUE DESCRI	PTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$		//	\$	
			\$	
			\$	
Comments:	<del>.</del>		<u></u>	A <del>2</del> -

#### SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
John Renison

- · Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/	DATE(S)://
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one)
DESCRIPTION:	DESCRIPTION:
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/ AMT: \$	DATE(S):/
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	